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Bib Data Sheet

CONFIRMATION NO. 8051

SERIAL NUMBER 09/316,624	FILING DATE 05/21/1999 RULE	CLASS 514	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 4493-19CIP
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APPLICANTS

SHALOM Z. HIRSCHMAN, RIVERDALE, NY; *LAC*

** CONTINUING DATA *****

This application is a CIP of 08/838,073 04/15/1997 ABN *LAC*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 06/11/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 4	INDEPEI CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Shalom</i>	Initials <i>LAC</i>		

ADDRESS

MYRON COHEN ESQ
COHEN PONTANI LIEBERMAN & PAVANE
551 FIFTH AVENUE
SUITE 1210
NEW YORK, NY
10176

TITLE

METHOD FOR TREATING AUTOIMMUNE DISEASES

FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)

BEST AVAILABLE COPY

SERIAL NUMBER 09/316,624	FILING DATE 05/21/99	CLASS 514	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 4493-19CIP
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APPLICANT

SHALOM Z. HIRSCHMAN, RIVERDALE, NY.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF 08/838,073 04/15/97 ABN

OKMKB

371 (NAT'L STAGE) DATA***

VERIFIED

none

FOREIGN APPLICATIONS***

VERIFIED

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/11/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>MKB</u> Examiner's Initials _____ Initials _____					

ADDRESS

MYRON COHEN ESQ
COHEN PONTANI LIEBERMAN & PAVANE
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SUITE 1210
NEW YORK NY 10176

TITLE

METHOD FOR TREATING AUTOIMMUNE DISEASES

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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